

JEFF TECH

ADULT EDUCATION
576 VO TECH ROAD
REYNOLDSVILLE, PENNSYLVANIA 15851-6368
WWW.JEFFTECH.EDU
(814) 653-8265
FAX: (814) 653-8425

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Name: _____ Birth Date: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Male: _____ Female: _____ Social Security #: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you hear about adult education at Jeff Tech? _____ Website _____ Radio _____ TV _____ Referral _____ Other

Check program(s) you are applying to attend:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Digital Media Arts |
| <input type="checkbox"/> Auto Body | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Health Occupations |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> HVAC/R |
| <input type="checkbox"/> Building Trades | <input type="checkbox"/> Diesel & Heavy Equip. Mechanics | <input type="checkbox"/> Welding/Metal Fabrication |
| | | <input type="checkbox"/> Other |

Starting Date:

_____ Fall Semester _____ Spring Semester; in the _____ School Year

What other program areas are you interested in learning more about?

What additional programs or courses would you like to be offered thru Jeff Tech Adult Education?

Over

THE SCHOOL OF CHOICE

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REFERENCE INFORMATION

References may be requested by the following (non-relative)

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

EDUCATION INFORMATION

Type of Institution	School Name, Address & Phone	Start Date MM/YYYY	End Date MM/YYYY	Degree Earned
High School				
College or University				
Business or Trade School				
Other				

EMPLOYMENT INFORMATION

Start Date MM/YYYY	End Date MM/YYYY	Employer Name	Position	City & State

I certify that all information contained in this application is true and correct to the best of my knowledge.

X _____
Applicant Signature Date

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